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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032878 (6)

1. Corporation Name
SUSAN & LANIE, INC.



Principal Place of Business

Mailing Address

~~18 W PARK AVE~~
~~LAKE WALES FL 33853~~

~~18 W PARK AVE~~
~~LAKE WALES FL 33853-4132~~

2. Principal Place of Business

21 111 Central Av.

Suite, Apt. #, etc.

22 City & State

23 Lake Wales FL

24 33853

Country

25 USA

2a. Mailing Address

26 111 Central Av.

Suite, Apt. #, etc.

27 City & State

28 Lake Wales

29 33853

Country

30 USA

3. Date Incorporated or Qualified
04/11/1996

3a. Date of Last Report

4. FEI Number
59-337 0931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BROWNE, VIVIAN E

~~18 W PARK AVE~~
~~LAKE WALES FL 33853~~

81 Name

Vivian E Browne

82 Street Address (P.O. Box Number is Not Acceptable)

111 Central Av.

83

84

Lake Wales

FL

85

Zip Code
33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Vivian E. Browne

5-1-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP
MESSER, SUSAN
STREET ADDRESS
~~18 W PARK AVE~~
CITY-ST-ZIP
~~LAKE WALES FL 33853~~

TITLE ☐ DELETE

NAME
DVS
BROWNE, VIVIAN E
STREET ADDRESS
~~18 W PARK AVE~~
CITY-ST-ZIP
~~LAKE WALES FL 33853~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
DP
SUSAN messer
1.3 STREET ADDRESS
111 CENTRAL AVE
1.4 CITY-ST-ZIP
LAKE WALES, FL 33853

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
DVS
Vivian E. Browne
2.3 STREET ADDRESS
111 Central Av.
2.4 CITY-ST-ZIP
LAKE WALES, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE
Vivian E. Browne

941
59-337 0931

CR2E034 (9/96)